

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/ 598822

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5	4					
6	4					
7	4					
8	0					
9						
10						
11						
12						
13						
14	0					
15	4					
16	4					
17	4					
18	4					
19	4					
20	4					
21	0					
22	23					
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TOTAL IND.			1			
TOTAL DEP.		22				
TOTAL CLAIMS		23				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						